



Department of Health

## FORMS AND PUBLICATIONS REQUEST

**NOTE: This is your Shipping Label – Use complete street address (UPS will not deliver to a P.O. Box).**

FOR OFFICE USE ONLY					
Requestor's Number			Date Received		
Name/Requestor			Telephone		Date
Name of Organization				Internet E-mail Address	
Shipping Address					
City			State		Zip
Does Your Organization have a WIC Program? <input type="checkbox"/> Yes <input type="checkbox"/> No					
No.	Forms or Publication Number	Title	Quantity Requested	Quantity Shipped	Back Order
1	950-141	MAA Smoking Cessation Counseling Benefit reference card 3/2002 (for providers)			
2	950-142	Smoking Cessation During Pregnancy: Guidelines for Intervention 11/2002 (for providers)			
3	345-200	Tobacco Quit Line brochure (for clients)			
4	345-201	Tobacco Quit Line Business cards (for clients)			
5	130-025	Steps to Help You Quit Smoking: How Other Moms Have Quit (for clients) <b>English only</b>			
6	950-140	Substance Abuse During Pregnancy Clinician Pocket Card 1/2002 (for providers)			
7	950-135	Substance Abuse During Pregnancy: Guidelines for Screening 2002 (for providers)			
8	950-139	Pregnant Women Self Assessment Card: Substances (for clients)			
9	950-145	Screening and Management of Maternal HIV Infection: Implications for Mother and Infant 2003 (for providers)			
10	410-016	Prenatal Testing for HIV card <b>ENGLISH 2003 (for clients)</b>			
11	410-016	Prenatal testing for HIV card <b>SPANISH 2003 (for clients)</b>			
12	950-143	Domestic Violence and Pregnancy: Guidelines for Screening and Referral 5/2003 (for providers)			

**INSTRUCTIONS:** Please put the publications and forms you are requesting in numerical order by the DOH number. Include both the form and pub number **and** the title. Order all items in **each** amount. Your order will be filled to the nearest packaged amount.

Requestor's name and telephone number **must** be filled in (in case we have questions about your order).

**For orders that DO NOT involve a payment:** Send this fully completed form to Department of Health, PO Box 47845, Olympia, WA 98504-7845. **Faxed orders are accepted at (360) 664-2929.** Telephone orders are not accepted. **Do not re-order items that are back ordered.** They will be sent to you as soon as new stock is available.

**For orders that include payment:** Send this fully completed form and check to DOH Revenue Section, PO Box 1099, Olympia, WA 98507-1099. If you have any questions, please contact the DOH Warehouse at (360) 586-9046



Department of Health

## FORMS AND PUBLICATIONS REQUEST

**NOTE: This is your Shipping Label – Use complete street address (UPS will not deliver to a P.O. Box).**

Name/Requestor		Telephone	Date
Name of Organization			Internet E-mail Address
Shipping Address			
City		State	Zip
Does Your Organization have a WIC Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			

No.	Forms or Publication Number	Title	Quantity Requested	Quantity Shipped	Back Order
1	930-101	Birth Control: Choosing the method that's right for you <b>SPANISH 2/2003 (for clients)</b>			
2	930-101	Birth Control: Choosing the method that's right for you. 4/02 <b>ENGLISH (for clients)</b>			
3	930-102	Before You Get Pregnant: Planning is the Key <b>ENGLISH 4/2001 (for clients)</b>			
4	961-202	Fish Facts for Good Health 7/02 (for clients)			
5					
6					
7					
8					
9					
10					
11					

INSTRUCTIONS: Please put the publications and forms you are requesting in numerical order by the DOH number. Include both the form and pub number **and** the title. Order all items in **each** amount. Your order will be filled to the nearest packaged amount.

Requestor's name and telephone number **must** be filled in (in case we have questions about your order).

**For orders that DO NOT involve a payment:** Send this fully completed form to Department of Health, PO Box 47845, Olympia, WA 98504-7845. **Faxed orders are accepted at (360) 664-2929.** Telephone orders are not accepted.

**Do not re-order items that are back ordered.** They will be sent to you as soon as new stock is available.

**For orders that include payment:** Send this fully completed form and check to DOH Revenue Section, PO Box 1099, Olympia, WA 98507-1099.

If you have any questions, please contact the DOH Warehouse at (360) 586-9046.